



CAYMAN ISLANDS TENNIS CLUB

Tel: +1 345 949 9464 Fax: +345 949 8684 Email: tennis@tennis.ky

ADULT MEMBERSHIP FORM

Name: _____	Email: _____
Address: _____	Cell Phone: _____
City: _____	Home Phone: _____
Country: _____ Zip Code: _____	Work Phone: _____

Type of Membership (please tick appropriate box)

Single Local Member	<input type="checkbox"/>	Joint Local Member	<input type="checkbox"/>
Single Overseas Member	<input type="checkbox"/>	Joint Overseas Member	<input type="checkbox"/>

I desire to become a member of the Cayman Islands Tennis Club and hereby agree, to become a member of said club, to be bound by the memorandum and articles of association and by-laws thereof and declare that I am over the age of seventeen (17) years.

Signed: _____ Date: _____

Member Signatories (your application must be supported by two current members)

I propose _____ as a full member of the club, I have known him/her for ____ months/years, and am satisfied from my personal knowledge of the candidate that he/she will be acceptable socially by the members of the club and is eligible for election according to the rules of the club. I am also satisfied as to the integrity of the candidate.

Name: _____ (please print)	Signature: _____ (proposer)
Name: _____ (please print)	Signature: _____ (seconded)

Please note: The appropriate entrance fee must accompany this application form. Any form not properly completed, along with the signatures of a proposer and second, will not be considered by the board of directors.

FEES:	Single Local Member:	CI\$200.00	Annual Dues:	CI\$300.00
	Joint Local Member:	CI\$300.00	Annual Dues:	CI\$500.00
	Single Overseas Member:	CI\$100.00	Annual Dues:	CI\$200.00
	Joint overseas Member:	CI\$150.00	Annual Dues:	CI\$300.00